

DECLARATION AND POWER OF ATTORNEY

Docket No.:833.1005

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled:

USES OF GALECTIN-2

the specification of which (check one)

☒ is attached hereto

☒ was filed on March 24, 2005 as International Application Serial No. PCT/EP2005/003161 and was amended on _____

☐ I hereby authorize and request our attorneys, Davidson, Davidson & Kappel, LLC of 485 Seventh Avenue, New York, New York 10018 to insert here in parentheses (application number _____, filed _____) the filing date and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information that is known to me to be material to the patentability of this application as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim priority benefits under Title 35, United States Code, §119 of any foreign and/or provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign and/or provisional application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

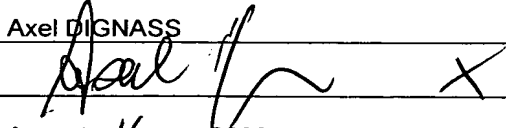
04007345.4 Number	Europe Country	26 March 2004 Day/Month/Year Filed	Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
04019696.6 Number	Europe Country	19 August 2004 Day/Month/Year Filed	Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial Number	Day/Month/Year Filed	Status
Application Serial Number	Day/Month/Year Filed	Status

And I hereby appoint Clifford M. Davidson, Reg. No. 32,728, Leslye B. Davidson, Reg. No. 38,854, Cary S. Kappel, Reg. No. 36,561, William C. Gehris, Reg. No. 38,156, Morey B. Wildes, Reg. No. 36,968, Robert J. Paradiso, Reg. No. 41,240, Erik R. Swanson, Reg. No. 40,833, Thomas P. Canty, Reg. No. 44,586, and all other registered attorneys and agents at Davidson, Davidson & Kappel, LLC, U.S. Patent and Trademark Office Customer Number 23280, my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith; correspondence address: DAVIDSON, DAVIDSON & KAPPEL, LLC, 485 Seventh Avenue, 14th Floor, New York, New York 10018; Telephone: (212) 736-1940; Fax: (212) 736-2427.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first Inventor	Axel DIGNASS
Inventor's signature	
Date	August 16, 2006
Residence	Berlin, Germany
Post Office Address	Schönholzer Weg 20 13158 Berlin, Germany
Citizenship	Germany

Full name of additional Inventor	Andreas STURM
Inventor's signature	
Date	August, 2006
Residence	Berlin, Germany
Post Office Address	Huntestrasse 3a 14167 Berlin, Germany
Citizenship	Germany

☒ Additional inventors named on attached 1 sheet(s).

DECLARATION AND POWER OF ATTORNEY

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Full name of additional Inventor	Ehrengard ROSEWICZ (heir of deceased inventor Stefan ROSEWICZ)
Inventor's signature	
Date	August , 2006
Residence	Berlin, Germany
Post Office Address	Ludolfingerweg 24 13465 Berlin, Germany
Citizenship	Germany

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DECLARATION AND POWER OF ATTORNEY

Docket No.: 833.1005

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

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USES OF GALECTIN-2

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04007345.4 Number	Europe Country	26 March 2004 Day/Month/Year Filed	Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
04019696.6 Number	Europe Country	19 August 2004 Day/Month/Year Filed	Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

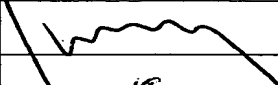
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Full name of sole or first Inventor	Axel DIGNASS
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Inventor's signature	<i>Rosewicz</i> X
Date	August 24, 2006
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION Supplemental Sheet**For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor**Enter Deceased or Incapacitated Inventor's Name Stefan ROSEWICZPage 1 of 1

Name of Legal Representative:		<input checked="" type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle [if any])		Family Name or Surname	
Ehrengard		ROSEWICZ	
Legal Representative's Signature 		August 24, 2006	
Date			
Residence: City Berlin	State	Country Germany	Citizenship German
Mailing Address Ludolfingerweg 24			
Mailing Address			
City Berlin	State	Zip 13465	Country Germany
Name of Additional Legal Representative, if any		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle [if any])		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Legal Representative, if any		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle [if any])		Family Name or Surname	
Legal Representative's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.